

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD FOR LICENSING CONTRACTORS
500 JAMES ROBERTSON PARKWAY, SUITE 110
NASHVILLE, TENNESSEE 37243-1150
(615)253-5741 or (615) 532-3979 or (800) 544-7693
FAX - (615) 532-2868

MONETARY LIMIT INCREASE

NO FEE

In accordance with Contractor's Rule 0680-1-.14, a licensee may request the Board to consider revision of their monetary limitation at any of the regular Board meetings; increases cannot be granted in-office. Such request shall be made by letter or on the attached form to the Board *and* accompanied by a current **REVIEWED** or **AUDITED** financial statement, less than one year old, prepared by an actively license **CPA** or **PA** on **GAAP** basis Financial statements prepared on *income tax basis* or *compiled* are **UNACCEPTABLE**.

For any increase requests of \$1,000,000 AND LESS, submit a REVIEWED OR AUDITED financial statement, prepared by a CPA or PA. (Example: \$200,000 to \$500,000; or \$750,000 to \$1,000,000, etc.)

For increases, which will take the limit GREATER THAN \$1,000,000, submit an AUDITED financial statement prepared by a CPA or PA. (Example: \$1,000,000 to \$1,500,000; or \$800,000 to \$1,200,000, etc.)

MONETARY LIMIT IS BASED ON 10 TIMES THE LESSER OF WORKING CAPITAL OR NET WORTH. WORKING CAPITAL IS CURRENT ASSETS MINUS CURRENT LIABILITIES; NET WORTH IS TOTAL ASSETS MINUS TOTAL LIABILITIES.

At the Board's discretion, a "Line of Credit" on our format, may be used to increase the working capital. Personal financial statements with the "Guaranty Agreement" may be used to increase the net worth and working capital, however, only 50% of any guarantees provided are used.

All request for increases must be received in the Board office by the ***last day of the month*** before the month in which the Board meets. The Board is scheduled to meet January, March, May, July, September and November. (*Note: The contractor is not required to be at the meeting!*)

All licensees must be current and valid in order to be reviewed by the Board. New licensees (licensed less than one year) cannot be granted an increase, without special permission and a detailed explanation. Should an increase be sent with your license RENEWAL, your increase may be processed *first*, then forwarded to the renewal section. A renewed license would then be mailed separately or to ensure the increase does not get overlooked, it would be best to send separately and using a photocopy of the financial statement for renewal. The Board sets the monetary limit based on experience of projects for the amount requested (you may list personnel's experience from other companies). **NOTE: T.C.A. §62-6-120, prohibits a contractor from offering to engage above their limit, prior to limit increase approval.**

For further assistance, please contact the Revision Section at (615) 253-5741 or 1-800-544-7693.

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(615) 253-4710 or FAX: (615) 532-2868

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NASHVILLE, TN 37243-

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TELEPHONE: (615) 253-5741 or

INCREASE REQUEST

{tc \l5 " INCREASE SYNOPSIS}

LICENSE ID #000_____

DATE: _____

COMPANY NAME:

ADDRESS:

[] Corporation [] Partnership [] Individual [] LLC (Limited Liability Co.)

Classification(s):_____ License Expiration Date:

WE ARE REQUESTING BOARD REVIEW TO INCREASE MONETARY LIMIT TO:

Company ____ **HAS** ____ **HAS NOT bid** or performed work in which we are not properly licensed or in excess of our license limit. *(If you checked "HAS," please attach an explanation!)*

DATE **PRINT CONTRACTOR'S NAME** **SIGNATURE**

ATTACH A LIST OF EXPERIENCE **(CONTINUED →)**

FOR OFFICE USE ONLY

Current Monetary Limit: \$_____ Limit
Requested:

[] Audit [] Review - Date of Financial Statement:_____
Financial Statements Submitted: __ Personal __ Company __ Corporate __ Parent
Guaranty Agreement: __ Attached __ In File __ Not needed

COMPANY W/C		COMPANY N/W	
PERSONAL W/C		PERSONAL N/W	
50% PERS. W/C		50% PERS. N/W	
LINE OF CREDIT			
TOTAL W/C:		TOTAL N/W:	

[] Approved for:

[] Approved upon receipt of: _____

[] Denied--Reason: _____

Board Member Initials

Date

DUPLICATE# _____

PREPARED BY:

Increase Synopsis
Supplemental Information

EXPERIENCE

1. Date: _____ Job Name _____ Spec/ Contract
Amount\$ _____

Type of Work:

Name of Customer/Owner: _____ Date
Completed: _____

Month / Year

Comments: _____

2. Date: _____ Job Name _____ Spec/ Contract
Amount\$ _____

Type of Work:

Name of Customer/Owner: _____ Date
Completed: _____

Month / Year

Comments: _____

3. Date: _____ Job Name _____ Spec/ Contract
Amount\$ _____

Type of Work:

Name of Customer/Owner: _____ Date
Completed: _____

Month / Year

Comments: _____

4. Date:_____ Job Name_____ Spec/ Contract
Amount\$_____

Type of Work:

Name of Customer/Owner:_____ Date

Completed:_____

Month / Year

Comments:_____

5. Date:_____ Job Name_____ Spec/ Contract
Amount\$_____

Type of Work:

Name of Customer/Owner:_____ Date

Completed:_____

Month / Year

Comments:_____

6. Date:_____ Job Name_____ Spec/ Contract
Amount\$_____

Type of Work:

Name of Customer/Owner:_____ Date

Completed:_____

Month / Year

Comments:_____
